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Published in:
Journal of Palliative Medicine

DOI:
[10.1089/jpm.2015.0433](https://doi.org/10.1089/jpm.2015.0433)

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Document Version
Publisher's PDF, also known as Version of record

Publication date:
2016

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Stegmann, M., Geerse, O., & Berger, M. (2016). End-of-Life Preferences in Advanced Cancer Patients. *Journal of Palliative Medicine*, 19(1), 6-6. <https://doi.org/10.1089/jpm.2015.0433>

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End-of-Life Preferences in Advanced Cancer Patients

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Dear Editor:

It is with great interest that we read the paper by Schubart et al. on comparing end-of-life preferences in advanced cancer patients previously undergoing either curative intent surgery (CIS) or noncurative intent treatment (non-CIT).¹ Research on delicate topics such as end-of-life preferences in advanced cancer patients is extremely difficult and we appreciate the substantial effort the authors made to disentangle factors contributing to end-of-life preferences.

The conclusion that clinicians should not make assumptions about patients' preferences based on prior treatment choices is interesting. However, we believe that several items in their study design potentially influence results and therefore deserve attention.

Firstly, group assignment was performed retrospectively based on medical records. Throughout this selection, CIS was defined as "complete eradication of all existing disease," while non-CIT was delineated as "treatment with a main goal to alleviate symptoms, with no expectation of longer survival." Yet, new treatment modalities within the field of oncology significantly improve survival rates, thereby creating a new category of non-CIT patients with a moderate prognosis. For example, lung cancer patients treated with immunotherapy now survive significantly longer than several years ago.² The distribution of patients is therefore not as clear-cut as suggested by the authors.

Also, patients may not always understand that non-curative treatment is not at all likely to cure their cancer.³ Accordingly, this "illusion" of treatment with curative intent may exist in both groups. We believe these factors may dilute the differences between the CIS and non-CIT group, possibly being the reason no between-group differences were found.

In addition, it proved difficult to interpret whether the study sample is representative of the population of advanced cancer patients, since few baseline characteristics are provided. The paper on the trial on which data for the current article were derived⁴ states that only 10% of the invited patients were actually included in the study. Furthermore, a relatively large part of the patients in the intervention group (60%) had a prior advance directive/living will, suggesting that these patients may have already contemplated comparable issues before their diagnosis.

As previously stated, conducting research in end-of-life settings is extremely delicate. Unfortunately, the described study does not provide sufficient information to fully understand the way end-of-life preferences were measured: only one out of the six general statements is provided, and the information about the aggressiveness score is too concise to answer queries regarding validation and reliability.

Moreover, the provided hypothetical scenarios seem oversimplified and not representative of real-life situations. For example, it is challenging to provide a definite prognosis when a patient enters a coma, and a large gray area between no improvement and full improvement exists. It is not surprising that patients opted for more aggressive therapy when promised full improvement of the condition.

In conclusion, we fully appreciate this attempt to further discern predictors of end-of-life preferences. Nonetheless, in our opinion, due to dilution of groups, debatable group representativeness, and outcome measurements not adequately representing real-life situations, the conclusions and recommendations should be interpreted with caution.

References

1. Schubart JR, Green MJ, Van Scoy LJ, et al.: Advanced cancer and end-of-life preferences: Curative intent surgery versus noncurative intent treatment. *J Palliat Med* 2015. [Epub ahead of print.]
2. Brahmer J, Reckamp KL, Baas P, et al.: Nivolumab versus docetaxel in advanced squamous-cell non-small-cell lung cancer. *N Engl J Med* 2015;373:123–135.
3. Weeks JC, Catalano PJ, Cronin A, et al.: Patients' expectations about effects of chemotherapy for advanced cancer. *New Engl J Med* 2012;367:1616–1625.
4. Green MJ, Schubart JR, Whitehead MM, et al.: Advance care planning does not adversely affect hope or anxiety among patients with advanced cancer. *J Pain Symptom Manage* 2014;49:1088–1096.

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